PROVINCE OF NOVA SCOTIA

REPORT OF THE

Provincial Tuberculosis Hospitals

NOVA SCOTIA SANATORIUM

AND

POINT EDWARD HOSPITAL

FOR THE YEAR ENDED DECEMBER 31

1966

Queen's Printer
Halifax, Nova Scotia

101-03454/

To His Honour,

THE HONOURABLE H. P. MacKEEN, C.D., Q.C.

Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the report of the Provincial Tuberculosis Hospitals.

I have the Honour to be

Sir,

Your most obedient servant,

RICHARD A. DONAHOE, Q.C.

Minister of Public Health

J. S. ROBERTSON, M.D., D.P.H.,

Deputy Minister,

Department of Public Health

Sir:

I have the honour to submit the Ninth Annual Report of Provincial Tuberculosis Hospitals. This is made up of the Sixty-Second Annual Report of the Nova Scotia Sanatorium and the Eighteenth Annual Report of Point Edward Hospital. These reports cover the calendar year, 1966. They are preceded by Table A, a combined statistical report.

Respectfully submitted,

J. E. HILTZ, M.D., D.P.H.,

Administrator

Tuberculosis Control Services

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TABLE A

COMBINED STATISTICAL REPORT
FROM THE NOVA SCOTIA SANATORIUM AND POINT EDWARD HOSPITAL
CONCERNING THE PATIENT POPULATION, EXCLUDING TREATMENT OF SICK STAFF
FOR THE CALENDAR YEAR 1966

	Nova Scotia Sanatorium Est. 1904	Point Edward Hospital Est. 1949	Both Hospitals
Number of patients in residence January 1, 1966	135	74	209
Number of patients admitted as first treatment experience during 1966	240	78	318
Number of patients admitted having had previous treatment for tuberculosis	78	32	110
Number of patients transferred from another institution	20	14	34
Number of patients admitted to continue treatment (temporarily released)	1	9	10
Number of patients admitted for review or evaluation only	9	53	62
Total admissions during year	348	186	534
Number of patients in residence during year	483	260	743
Number of patients discharged during year	331	190	521
Number of patients in residence January 1, 1967	152	70	222
Number of patient days of hospital care during year	54,800	29,146	83,946

Sixty-Second Annual Report

INCLUDING

Medical Supplement

OF THE

Nova Scotia Sanatorium

FOR THE YEAR ENDING DECEMBER 31, 1966

GENERAL INFORMATION

Free treatment for tuberculous persons in Nova Scotia became effective July 1, 1946. Application for admission of a tuberculous or a suspected tuberculous patient to the Sanatorium is made by the family physician through the Director of the Health Unit of his district recommending further investigation and/or treatment for the patient. If approved, the Director then contacts the office of the Medical Superintendent requesting the admission which is authorized without delay.

The Sanatorium may be reached daily by the Dominion Atlantic Railway. Taxis meet all trains at Kentville, from which it is only a short drive to the Sanatorium. There are good bus connections daily to and from Kentville.

An information pamphlet, "Health Ahead", is available from all Health Unit Directors and from the Sanatorium. Prospective patients should read this before coming forward for admission in order to be informed regarding clothing requirements, visiting hours for friends, and other pertinent matters.

NOVA SCOTIA SANATORIUM

Kentville, N. S.

1966

HONOURABLE RICHARD A. DONAHOE, Q.C.

Minister of Public Health

—ADMINISTRATIVE AND TECHNICAL STAFF—

Medical **Full Time Staff**

*J. E. Hiltz, M.D., D.P.H., F.C.C.P. ..... Medical Superintendent
*Helen M. Holden, M.D., F.C.C.P. ..... Asst. Medical Superintendent
*J. J. Quinlan, M.D., F.C.C.P. ..... Thoracic Surgeon
F. J. Misener, M.D., F.C.C.P. ..... Radiologist and Anaesthetist
A. Laretei, M.D. ..... Physician
Maria Rostocka, M.D. ..... Physician
G. A. Kloss, M.D., F.C.C.P. ..... Physician and Anaesthetist
E. W. Crosson, M.D. ..... Physician

Consulting Staff

*V. D. Schaffner, M.D., F.A.C.S. ..... Surgeon
*D. M. MacRae, M.D., F.C.C.P. ..... Bronchoscopist
*B. F. Miller, M.D., F.R.C.S. (Edin.) F.R.C.S.(Can.) ..... Consultant in Orthopedics
*E. J. Cleveland, M.D. ..... Consultant in Psychiatry
*F. R. Townsend, M.D. ..... Consultant in Psychiatry
*C. E. Jebson, M.D. ..... Consultant in Urology

Courtesy Consulting Staff

D. H. Kirkpatrick, M.D. ..... Anaesthesia

Dental

R. H. Stanford, D.D.S. ..... Dentist
K. B. Eaton, D.D.S. ..... Consultant Dentist

*Certified in specialty by Royal College of Physicians and Surgeons of Canada

Nursing

Mrs. Hope M. Mack, R.N. ..... Director of Nursing
Miss Madeline Spence, R.N. ..... Director of Nursing Services
Robert MacKenzie, R.N. ..... Director of Nursing Education
Mrs. Catherine Boyle, R.N. ..... Clinical Instructor
Mrs. Lyn Lewis, R.N. ..... Clinical Instructor
Mrs. Norma Hounsell, R.N. ..... Clinical Instructor

Laboratory

Mrs. Mae Margeson, R.T. ..... Senior Technician
Miss Helen Morse, R.T. ..... Technician
Mrs. Helen MacKinnon ..... Technician
Mrs. Sheila MacPherson ..... Technician
Miss Bonnie Kierstead ..... Technician
Mrs. Elizabeth Ann Knowlton, R.T. ..... Technician
Mrs. Donna Mae Schofield, R.T. ..... Technician
Mr. Glendon Gates ..... Assistant Technician

Rehabilitation Department

F. G. Barrett, B.Sc., M.Sc.	Director of Rehabilitation
D. M. Brown, B.A., B.Ed., M.S.W.	Social Worker and Asst. Director
Miss Marguerite MacLeod	Academic Instructor
Miss Marion Lacey	Academic Instructor
Mrs. Mary MacKinnon	Academic Instructor
Mrs. Violet Silver	Handcraft Instructor
Clifford Beeler	Handcraft Instructor

X-Ray Department

John L. Hines, R.T.	Senior Technician
William Mansfield	Technician
Robert Ferguson	Assistant Technician

Physicial Medicine Department

Mr. Adi S. Jagosh, R.T.	Therapist-in-Charge
Mrs. Ruby Bhesania, R.T.	Therapist
Mrs. Gertrude Cook, C.N.A.	Assistant Therapist

Dietary Department

Miss Eileen Quinlan, B.Sc.	Director of Dietary Service
Miss Virginia Allen, B.Sc.	Dietitian
Mrs. Josephine MacInnis, B.Sc.	Dietitian (resigned June 15, 1966)

Medicial Records Department

Hector McKean, R.R.L.	Records Librarian
Mrs. Hazel LeFave	Asst. Records Librarian
John Lawrence	Asst. Records Librarian
Miss Marjorie Hatt	Asst. Records Librarian

Business Office

R. P. MacKenzie, B.Comm., D.H.A.	Administrative Assistant (resigned 15.9.66)

Chaplains

Right Rev. J. H. Durney, Parish Priest and Roman Catholic Chaplain (transferred)
Rev. John F. DeLouchry, Parish Priest and Roman Catholic Chaplain
Rev. J. D. MacLeod, D.D., United Church Chaplain
Rev. J. A. Munroe, Anglican Chaplain
Prof. (Rev.) Charles Taylor, B.A., B.D., (Acadia), S.T.M. (Andover Newton)
Chaplain-Supervisor, Clinical Pastoral Training, Nova Scotia Sanatorium;
Associate Professor of Practical Theology, Acadia University

Medical Records Committee

Dr. H. M. Holden, Chairman
Mr. A. H. McKean, Secretary
Dr. A. Laretei
Dr. M. Rostocka
Dr. G. A. Kloss
Mrs. Hope Mack, R.N.
Mr. R. P. MacKenzie

Tissue Committee

Dr. G. A. Kloss, Chairman
Dr. F. J. Misener, Vice Chairman
Dr. J. J. Quinlan, Secretary

Pharmacy Committee:

Dr. M. Rostocka, Chairman
Mrs. Shirley Maxwell, C.D.C, Secretary
Dr. H. M. Holden
Dr. E. W. Crosson

This is the sixty-second Annual Report of the Nova Scotia Sanatorium since it was established as the first Provincially owned Sanatorium in Canada in 1904. The report covers the calendar year 1966.

During the year under review there was a further increase in the number of patients treated compared to 1965 which, in turn, had shown an increase over 1964. The numbers were 483, 476, and 463 respectively. (Table I) There were fewer patients in residence at the beginning of the year, 135 compared to 143 and 166, but there were more first admissions, 263 compared to 226 and 200 in the previous two years. Days of patient care also increased and numbered 54,800.

During 1966, we looked after 20 more patients than the years previously but there were 1500 fewer days of patient care provided. This is a reflection, to some extent, of the tendency to discharge patients to home treatment and convalescence somewhat sooner than was the case a few years ago and it is also a reflection of the fact that more physicians are referring to the Sanatorium increasing numbers of patients with undiagnosed chest lesions which turn out to be other than tuberculous.

Table II indicated that of all the patients admitted during the year, for 240 of them it was their first treatment experience. Seventy-eight had received treatment at some tuberculosis institution previously whereas only twenty were transferred directly either from Point Edward Hospital or the Nova Scotia Hospital. Only nine patients were readmitted for review purposes only.

Of the 311 persons, review cases not counted, who were discharged during the year, 247 were first admissions to the Sanatorium and 74 were readmissions (Table III-a). A total of 123 of them had suspected or proven disease of a nontuberculous nature whereas the other 188 had definite tuberculosis. In 20 patients the principal diagnosis of tuberculosis involved organs of the body other than the lungs.

Of the ten review cases discharged during the year, four had active tuberculosis which required them to recommence or continue drug treatment for their disease (Table III-b).

Many and varied are the diagnoses of the physical and mental conditions encountered among our patients. These are listed in Tables III-c and IV-a. This means that our medical staff must be good diagnosticians and skilled in the treatment not only of most of the conditions encountered in general practice but also in specialist practice.

Forty-four per cent of all first admission cases had a diagnosis which was nontuberculous (Table IV-a), but these patients accounted for relatively few of our patient days of care as their treatment periods generally are quite short. However, eighteen patients were diagnosed as having primary lung cancer and three others had lung cancer plus active tuberculosis.

The age and sex distribution of our nontuberculous patients are given in Table IV-b and their condition on discharge is given in Table IV-c. There were twelve deaths among these 123 nontuberculous patients. The Health Unit distribution of these patients is shown in Table IV-d. As would be expected, the great bulk of them, 75, came from the Fundy Health Unit in which the Sanatorium itself is located. Cape Breton North and Halifax City are the only areas not represented.

Of the tuberculous patients (Table V) only ten were discharged unimproved and only eight died. Our tuberculous deaths, therefore, were less numerous than the deaths among our nontuberculous patients.

Again this year, too many of our patients were restless and left the Sanatorium earlier than was advisable medically. There are many causes for this including home worries, alcoholism, and homesickness among others. During 1966, for some unaccountable reason almost one quarter of our first admission patients and 15 per cent of readmissions terminated their treatment too soon, either voluntarily or were asked to leave for unacceptable antisocial behaviour (Tables VI-a, b, c and ...).

The trend since 1959 is shown in Table VI-c which follows the formula of the American Thoracic Society for computing such matters. It is of interest to know that of the fourteen persons who left against medical advice while their tuberculous disease was unstable, all except two were readmitted to some tuberculosis institution. Of the two who were not, one committed suicide and one is carrying on quite well at home. The one disciplinary discharge with disease still unstable promptly moved to Ontario.

During 1966, two thirds of the tuberculous patients discharged had a diagnosis of moderately or far advanced disease at the time of their admission to Sanatorium (Table VII). Over 30 per cent had far advanced or miliary tuberculosis. This is in spite of an intensive case finding program throughout Nova Scotia.

Although five of the patients discharged were under ten years of age at the time of admission, the trend this year was for more admissions of persons in the older age groups (Table VIII-a). The average age of all patients rose to 43.9 compared to 41.7 and 41.1 in 1965 and 1964 respectively. Our geriatric ward continued to be fully occupied. The required age for admission to it is 60 years.

At year end (Table VIII-b) 2 per cent of our patients were 80 years of age or older, 10.6 per cent were 70 to 79 years of age and 15.6 per cent were between 60 and 69. On this day, too, 44.7 per cent of our patents had far advanced tuberculosis of the lungs and only 10.6 per cent had a minimal or "early" lesion. (Table VIII-c). As would be expected, most of the advanced disease was found in the older age groups. (Table VIII-d).

Over one third (40.9%) of our patients belong to the Roman Catholic faith (Table IX) whereas the remainder are distributed among the various Protestant denominations with the Baptists, Anglicans, United Church and the Presbyterians predominating in that order. This information is significant when planning our Chaplaincy Service.

Every county of the Province was represented among our tuberculosis discharges here by at least one patient. Halifax City and County combined accounted for 57 of our patients. Kings County, surprisingly, accounted for 22 (Table X).

MEDICAL SERVICE:

The medical service is the backbone of any hospital and, as such, all our physicians contribute to it whether their other and perhaps main duties involve them in anaesthesia, surgery, radiology, physiotherapy, or laboratory work. All must work as a team to provide basic medical care. All attend our twice weekly staff conferences; all participate in our out-patient clinics three times a week; all take their turns "on duty" at night and over week-ends so that the hospital may remain functional twenty-four hours each day for seven days a week, fifty-two weeks in the year. For each specialty job such as anaesthesia, surgery, bronchoscopy, radiology, pulmonary function testing or physical medicine, there must be two physicians available so that the normal hospital functions continue in an uninterrupted fashion in spite of sickness or vacations.

SURGICAL SERVICE:

The work of our Surgical Service is shown in Tables XI A to G. Artificial pneumorthax and artificial pneumoperitoneum treatments are things of the past. No thoracoplasty operations were performed although the procedure was the main surgical undertaking for tuberculosis of the lung some fifteen to twenty years ago. Major surgery was confined mainly to pulmonary resection of which 55 operations were for tuberculosis and 10 for lung cancer (Table XI-c).

Of the 55 operations for tuberculosis, in only one was a whole lung removed. In 54 cases, only a single lobe or lesser amounts of lung tissue were removed. There was no sixty day operative mortality among our tuberculous patients either this year or last.

Only 32 per cent of our first admission patients underwent lung resection during 1966 compared to 37 per cent, 46 per cent, 40 per cent, and 40 per cent in 1965, 1964, 1963 and 1962 (Table XI D). Fifteen per cent of readmissions were so treated in order to remove solid, residual areas of disease which would not respond further to medical treatment and in order to minimize the possibility of later reactivation of disease.

Other major surgical procedures are listed in Table XI E whereas minor undertakings are shown in Table XI F. It is noteworthy that 349 pints of blood were administered to patients here during the year. For this our sincere thanks are extended to the Red Cross Blood Transfusion Service which makes this life-saving fluid available to us.

Two babies were born to tuberculous mothers during the course of their treatment at the Sanatorium.

X-RAY SERVICE

Again this year the total work load of this Service increased (Table XII). 423 more chest films were taken than during the previous year, 539 additional outside films were referred to us for interpretation. In all, over 5500 x-ray examinations were carried out here, over 2500 x-ray films were referred to us for interpretation, and over 10,000 x-ray films were sent to the Sanatorium to be developed for the Chest Clinic Service operated by four of our Health Units.

LABORATORY SERVICE:

During 1966, there was a 15 per cent increase in the volume of laboratory work required by the Sanatorium and a 12 per cent increase in the work actually carried out in the Sanatorium Laboratory. (Table XIII). Much of this increase was accounted for by careful differential procedures to identify tubercle bacilli from other "atypical" acid fast bacilli. Also, many more gastric washings were carried out in search for tubercle bacilli to establish a diagnosis when this or the activity of the disease were in doubt.

Nose and throat cultures of personnel and patients also increased as part of our program to control hospital infections especially among surgical patients. In this we were very successful.

Over 1600 blood sugar determinations were carried out in our diabetes detection and control program. Approximately ten per cent of our patients are diabetic and unfortunately this disease, when uncontrolled, has an adverse effect upon the healing of tuberculosis.

Sputum specimens submitted to the Pathology Laboratory in Halifax for Papanicolaou smears for the detection of lung cancer numbered 767 for an increase of approximately fifty per cent.

OUT-PATIENT CHEST CLINIC SERVICE:

The work of this Service is tabulated in Table XIV A. The Sanatorium continued its Out-patient Chest Clinics on Tuesday and Wednesday afternoons on Saturday mornings and by special appointments. There were 301 more visits to the Clinics in 1966 than during the previous year. Ex-patients accounted for almost 700 of the referrals; 1355 were persons referred for assessment by family physicians or Health Unit Directors; and 1261 were members of staff referred for pre-employment or routine examination or due to some respiratory illness.

Of the ex-patients being followed at the Clinic, three were found to have reactivated previously healed disease whereas five new cases of active tuberculosis were discovered among the other referrals. No cases of tuberculosis developed among the Sanatorium staff. Indeed, it has been many years since this misfortune befell any staff member. A considerable number of persons referred to the Clinic are found to have various nontuberculous conditions such as asthma, bronchitis, lung cancer, emphysema or pneumonia.

B.C.G. vaccination was performed on 75 occasions for Sanatorium personnel.

BRONCHOSCOPY SERVICE:

Almost 250 bronchoscopic examinations were carried out, an increase of 18 per cent over the previous year. (Table XIV B) This is an essential investigative procedure before undertaking major chest surgery for tuberculosis and as an aid in the diagnosis of lung cancer, bronchial fistulae and certain types of tuberculosis.

PHYSICAL MEDICINE SERVICE:

There was a further great upsurge in the work of this department comparable to the increase which occurred the previous year. The number of individual treatments increased from 16,000 to over 20,000. Inhalation therapy accounted for over 2800 procedures.

Certain diagnostic procedures are also the responsibility of this Service. These included 223 electrocardiograms, 27 blood gas analyses, 10 bronchospirometries and an extensive battery of pulmonary function tests for 69 patients. It should be mentioned that the Nova Scotia Sanatorium is the only institution in the Atlantic Provinces equipped to carry out bronchospirometry or individual lung function studies.

MENTAL HEALTH SERVICE:

The staff of the Fundy Mental Health Centre continued to provide our patients with mental health care and also gave twelve lectures to student nurses undergoing affiliation here (Table XIV D). Forty-six of our patients were visited 78 times by staff of the Centre. This is a most valuable contribution to patient care at the Sanatorium.

DENTAL SERVICE:

The Sanatorium continued to provide for all patients at no cost to them a dental inspection, prophylaxis, fillings as required and extractions as needed. When artificial dentures are indicated, the professional portion of the service is donated and only the laboratory costs, approximately twenty dollars per denture, have to be borne by the patient or some welfare agency on the patient's behalf. In addition, a Dental Hygienist from the Department of Public Health spends one month here each summer providing prophylaxis, dental cleaning and improvement in oral hygiene for our students and those staff who wish to avail themselves of the opportunity to improve their dental health.

Our part time resident dentist performed 197 extractions, provided 94 fillings and 30 artificial dentures (Table XIV E) for patients.

SICK STAFF CLINIC:

A daily clinic, seven days per week, is held for ill staff who are ambulatory whether they reside on the Sanatorium grounds or not. Those who live elsewhere must seek medical care from local physicians if they are too sick to come to our Clinic. Those who live at the Sanatorium, however, are provided with a full medical service and hospital care, as needed. This provision of medical care is much used and much appreciated and, it is agreed, is a factor in preventing the development of more serious illness in many instances.

REHABILITATION SERVICE:

The work of this department is educational, diversional, recreational, and spiritual.

The following statistics indicate briefly some of the work carried out in this department:

	Individual Patients Served		
Academic:	1964	1965	1966
School age (0-16)	23	17	21
Past school age (17-21)	10	5	14
Adults	36	28	15
By Correspondence	0	0	0
New Canadian Language	0	2	3
	69	52	53
Business, Industrial, etc.:			
Typing	16	6	7
Arithmetic, bookkeeping, etc.	18	14	10
Sewing	48	43	44
Bookbinding	1	1	1
Woodwork	15	11	10
Radio	0	0	0
Watch Repair	0	0	1
	98	76	72
Handcraft:			
a. In shop:			
Photography	1	1	0
Leather	70	43	45
Weaving	0	0	10
Other	24	16	13
b. At bedside:			
Individual instruction	105	103	132
	200	163	200
GRAND TOTAL	367	290	325

All academic subjects are taught to children and adults from primary to Grade XII. We are rather proud of the adults in the older age groups who have learned to read and write at the Sanatorium over the past few years. A number of adults study by means of correspondence courses under the supervision of one of our qualified school teachers. A number of convalescent patients learn typing and shorthand, business English and bookkeeping.

Handcrafts include woodwork, sewing, leatherwork, weaving, copper tooling, doll making, painting, lamp making, plaster of Paris work, rug hooking and foam plastic crafts.

For purposes of recreation, the Rehabilitation Department operates the Patients' Library, Radio Station SAN, and a "ham" radio station VE-1-ZH. Group parties are organized for patients at least once a month in co-operation with local church and community groups.

Transportation was provided for patients to see the Apple Blossom Festival Parade and also the Christmas lighting in the town of Kentville. During the summer, frequent short drives for patients were arranged so that they might enjoy the beautiful countryside.

This Service co-operates closely with our chaplains in order to make their work more effective by means of co-ordination of efforts of the various clergy.

Health Rays Magazine, the oldest sanatorium magazine in North America is edited by the Rehabilitation staff. It is published eleven times a year and reaches over eight hundred readers, ex-patients, ex-staff and members of the Department of Public Health.

Social work provides a much needed facility at the Sanatorium as at least three quarters of all our patients receive some form of welfare benefits during their stay here either for themselves or their families at home. A fully qualified Social Worker is a member of our Rehabilitation Staff.

PROFESSIONAL EDUCATION:

(a) Medical: Staff meetings were continued two full afternoons each week in order to review the status and medical requirements of all patients having special or x-ray examinations since the previous meeting. All such cases, including new admissions, are discussed by the entire medical staff working as a team. Regular meetings of the Tissue, Medical Records, and Pharmacy Committees are held monthly. The Journal Club meets each week from October to May. Senior members of the Nursing and Laboratory staffs are guests of the Journal Club which serves as a forum for the discussion of modern treatment methods in respect to many diseases.

The Medical Superintendent attended the annual meeting of the Canadian Tuberculosis Association in Saskatoon, and the Third National Tuberculosis Conference in Ottawa.

Dr. Holden, our Assistant Medical Superintendent, attended the annual meeting of the Royal College of Physicians and Surgeons in Montreal and, at her own expense, the American Association for Thoracic Surgery in Vancouver and the Canadian Public Health Association in Quebec. The latter two meetings ran concurrently and Dr. Holden at the time was President of the Nova Scotia Branch of the Canadian Public Health Association.

Dr. Quinlan, attended the same meetings as his wife, Dr. Holden.

Dr. Laretei attended the Dalhousie Medical Refresher Course in Halifax during November.

Dr. Kloss attended the annual meeting of the American College of Chest Physicians in Chicago during June representing the Governor for the Eastern Canadian Region.

Dr. Rostocka attended the week in Obstetrics and Gynaecology in Halifax during March.

Dr. E. W. Crosson went to Denver under a National Health Grant to study new procedures in Pulmonary Function Testing during April.

Attendance at such meetings is necessary if professional staff are to be able to keep up with modern trends in medicine and surgery and thereby provide top grade care for our patients.

(b) Nursing: The Nursing staff is composed of registered nurses, certified nursing assistants, and a few aides. A continuous program of in-service education is carried out at all levels.

Miss Jean Dobson, Nursing Supervisor, attended the annual meeting of the Canadian Tuberculosis Association in Saskatoon as the official nursing delegate from Nova Scotia.

Our two operating room nurses, Miss McQuarrie and Miss Potter, attended the annual workshop of O.R. Supervisors in Halifax. In addition, our Supervisor attended the 8th Annual Conference of Operating Room Nurses in Montreal.

During the year, 251 student nurses continued a four-week affiliation at the Sanatorium. They came to us from the Aberdeen Hospital, New Glasgow; Victoria General Hospital, Halifax; Nova Scotia Hospital, Dartmouth; Halifax Infirmary, Halifax; Children's Hospital, Halifax; Payzant Memorial Hospital, Windsor; and the Yarmouth General Hospital.

Our School for Nursing Assistants has been in operation for eighteen years and was the first such school to be established in Nova Scotia. It offers a twelve-month course for applicants with a minimum of Grade X standing. A majority of our students have completed Grade XI.

Since 1948, the following nursing groups have received instruction here:

	1968	Total to date
Postgraduate Nurses	1	117
Affiliate Student Nurses	251	3152
Student Nursing Assistants		
Completed course	33	305
Discontinued course	25	165
Still on course	26	

Since 1962, a six-month course for Operating Room Technicians has been conducted here for Certified Nursing Assistants. Since its inception a total of seven technicians have been so qualified, two of them during the current year.

(c) Rehabilitation: Mr. Barrett, Director of Rehabilitation, attended the annual meeting of the Canadian Tuberculosis Association in Saskatoon representing Nova Scotia in its Rehabilitation Section. He also attended a four-day Atlantic Rehabilitation Workshop in Charlottetown in May and June.

Mr. Donald Brown, Social Worker, again this year acted as an instructor for the six-week summer course in Clinical Pastoral Training held at the Sanatorium.

(d) Medical Records: Our Chief Medical Records Librarian, Mr. McKean, attended the annual meeting of the Canadian Association of Medical Record Librarians in Toronto during September.

(e) Physical Medicine: Mr. Adi Jagosh had a two-week course in Inhalation Therapy at the Victoria General Hospital in Halifax during November.

Mrs. Gertrude Cook, Assistant Technician, attended a special three-day course for Astrup Blood Gas Analysis Technicians in Cleveland.

(f) Administrative: Mr. John Akin, Chief Clerk, and Mr. F. G. Barrett, Director of Rehabilitation, undertook the course in Hospital Departmental Management, sponsored by the Canadian Hospital Association. Our congratulations are extended to them for their very successful completion of it.

(g) Clinical Pastoral Training: During the summer of 1966, the Institute of Pastoral Training conducted its fourteenth annual six-week course at the Sanatorium for ministers, missionaries, deaconesses, theology students and others. Special attention is paid to mental health and the psychological aspects of illness and emotional involvements in both living and dying. Full university credits are given to those taking the course which is fully accredited by the Institute of Pastoral Care of the U.S.A. A similar course is given to Acadia University theology students during the regular academic year.

Fifteen students of varying denominational backgrounds and from widely separated parts of Canada and the U.S.A. enrolled for the six-week summer course:

Mr. Munden Waye, Theology Student	Windsor, Nfld.
Mr. Alexander Snow, Theology Student	Bishops Falls, Nfld.
Mr. Edward Lewis, Theology Student	Corner Brook, Nfld.
Mr. Cyrus Pitman, Theology Student	St. Lawrence, Nfld.
Mr. Robert L. Lowry, Theology Student	Pittsburg, P. Q.
Mr. F. A. Gordon, Theology Student	Lancaster, N. B.
Miss June Retson	Truro, N. S.
Miss Jessie Weir, R.N.	Eriksdale, Manitoba
Lic. Harold Price	Scotch Village, N. S.
Mrs. E. W. Whidden	Wolfville, N. S.
Rev. Freeman Fenerty	Kentville, N. S.
Rev. Edward Yosioka	Pictou, N. S.
Rev. Abel Parsons	Milford, N. S.
Rev. Frank Lacey	York, P. E. I.
Lic. Alton Alexander	Amherst, N. S.
Mr. Donald Brown, M.S.W., Asst. Instructor	Kentville, N. S.
Rev. A. B. Bentum, Assistant Director	Summerland, B. C.
Rev. Charles Taylor, Director	Wolfville, N. S.

MISCELLANEOUS:

The following employees were retired on superannuation during the year:

1. Mr. Leslie Roop, Shift Operator, after 33 years of service
2. Mrs. Muriel Kay, Senior Housemother, after 11 years of service
3. Miss Jennie Fullerton, Clerk-Stenographer, after 32 years of service
4. Mr. Barrie Lloyd, Head Storekeeper, after 24 years of service
5. Miss Catherine Gillis, Diet Cook, after 35 years of service
6. Miss Daisy Arthur, Certified Nursing Assistant, after 27 years of service
7. Mrs. Gladys Rushton, Domestic, after 13 years at the Sanatorium
8. Mrs. Viola Rogers, Pastry Cook, after 12 years of service

Our very best wishes are extended to these faithful Sanatorium staff members for their years of devotion to their work at this institution.

* * * * * * * * * *

During 1966, the following papers were published by staff members:

1. "Bronchiolar Carcinoma: A Report of six Cases"; Drs. J. J. Quinlan, V. D. Schaffner and J. E. Hiltz, Canadian Medical Association Journal, January 15, 1966

2. "Peritoneal Dialysis"; Dr. H. M. Holden, Miss Vilda Skerry, R.N., and Dr. J. J. Quinlan, The Canadian Nurse, March, 1966

3. "Mercy! Merci!"; Dr. J. E. Hiltz, Nova Scotia Medical Bulletin, July, 1966

4. "Histoplasmin Skin Sensitivity in Nova Scotia"; Drs. Maria Rostocka and J. E. Hiltz, Canadian Journal of Public Health, September 1966

5. "Highlights of the Tuberculosis Problem from the Provincial Point of View"; Dr. J. E. Hiltz, Medical Services Journal, Canada, November, 1966

* * * * * * * * * *

During 1966, the Sanatorium continued to provide the following special services:

1. The Tuberculosis Control Services of the Department of Public Health are centred here with the Medical Superintendent as Administrator of the Services. In addition, the Provincial Tuberculosis Index is kept in our Medical Records Department and maintained there by our staff.

2. The Sanatorium provides an x-ray film developing service for Health Unit Directors. During 1966, this involved the processing of over 10,000 standard sized films at no charge to the Health Unit concerned.

3. Our electrocardiographic service to Point Edward Hospital was continued with the interpretation of 114 tracings (Table XIV F).

4. The Nova Scotia Sanatorium provides heat for the Department of Lands and Forests Building on Exhibition Street and also heat and janitor service for the Provincial Offices of the Departments of Education, Public Health, and Lands and Forests in Pavilion VI.

5. The Nova Scotia Sanatorium Fire Department and its equipment responds to alarms in the Kentville area to meet special emergencies.

6. The facilities of Miller Hall continue to be used for community meetings by scientific, professional, and paramedical groups.

We consider it to be a distinct privilege to be of service to the community at large in respect to the above matters.

* * * * * * * * * *

During the year, once again, many friends of the Sanatorium remembered our patients by donations of books to our Patients' Library, records for our Radio Station SAN, money for our Patients' Comfort Fund, and by games and flowers for our bed patients. Local citizens provided transportation so that our patients might see the Apple Blossom Festival Parade and also view the countryside. The Clinical Pastoral Training students provided a picnic and

drive for our high exercise patients. During the summer, the Knights of Columbus arranged for small groups of patients to be taken for drives each week. At Christmas time, all the churches, the Salvation Army, the Red Cross Society, the Rotary Club, the I.O.D.E., the Canadian Legion, and the Silver Cross Women of Canada remembered our patients with gifts and good wishes. A number of talented persons came to the Sanatorium to entertain our patients during the year and to sing carols during the Christmas Season. The Walter Callow buses took most of our patients on a two to four hour tour of the countryside during the summer. The different church groups and the I.O.D.E. continued to sponsor monthly card parties for up-patients once a month. We have tried to thank all these persons either by mail or in our magazine, Health Rays, but in case some have been overlooked, we say another sincere "thank you" at this time.

We wish particularly to thank the officials of the Department of Public Works who gave such sympathetic attention to the needs of our ageing buildings. This is an increasing problem for them and for us. Their help is invaluable and permits us to carry on an acceptable service to the citizens of our Province.

We were especially honoured this year to be visited by the Humane Committee of our House of Assembly. The members of the Committee had very enquiring minds and asked many searching questions. They, too, were especially interested in our older buildings constructed in 1904, 1912, and during the 1917-1918 period. They showed an earnest desire to have us provide the best possible care for our patients in the best possible environment. We would welcome a visit by this Committee of the House every year.

To the Honourable Richard A. Donahoe, Q.C., Minister of Public Health, and to his deputy, Dr. J. S. Robertson, I extend my personal thanks and appreciation for sympathetic reception of problems as they arise from time to time and for their kindly advice and direction.

And finally, I would pay high tribute to the loyal support and cooperation of all staff at the Sanatorium from Department Heads to the most junior member. The staff and the patients are the Sanatorium. The buildings, although important, are of secondary significance. Without conscientious staff we would not be able to provide the high calibre care which is our objective and which we attain only by the unified efforts, not of just a few, but of all.

J. E. HILTZ, M.D.,
Medical Superintendent

January, 1967

STATISTICAL REPORT

FOR THE CALENDAR YEAR ENDING DECEMBER 31, 1966

Table I

	Calendar Year 1964	Calendar Year 1965	Calendar Year 1966
Number of patients discharged since November 30, 1904	12,042	12,276	12,523
Number of patients in residence at first of year	166	143	135
Number of patients admitted during year	200	226	263
Number of patients admitted for review during year	0	3	0
Number of patients readmitted* during year	85	85	76
Number of patients readmitted* for review during year	12	19	9
Total number of patients treated during year	463	476	483
Number of patients discharged for first time during year	228	231	247
Number of readmitted* patients discharged during year	80	89	74
Number of review patients discharged during year	12	21	10
Total number of patients discharged during year	320	341	331
Number of patients in residence on last day of year	143	135	152
Number of patient days treatment	56,314	54,191	54,800
Number of patient days treatment for nontuberculous patients (included above)	4,116	3,613	4,196**

* Readmitted means previously treated at the Nova Scotia Sanatorium
** 4196 days do not include 657 days hospital care for 126 sick staff

Table II — **ADMISSIONS DURING YEAR—SOURCE OF PATIENTS**
(Dominion Bureau of Statistics Classification)

First admission to any institution	175	194	240
Readmission, previously treated at any tuberculosis institution	75	94	78
Transfer direct from another institution	32	20	20
To continue treatment (temporarily released)	3	3	1
Review only (evaluation—no treatment)	12	22	9
Total	297	333	348

Table III (a)

DIAGNOSIS OF ALL PATIENTS DISCHARGED DURING YEAR

(Review cases are excluded)

	First Admissions	Readmissions*
Pulmonary tuberculosis—reinfection type	123 or 49.8%	55 or 74.3%
Pulmonary tuberculosis—primary active	7 or 2.8%	
Pleurisy with effusion—suspect tuberculosis	1 or .4%	1 or 1.4%
Tuberculosis of kidney	2 or .8%	1 or 1.4%
Tuberculosis of lymph nodes	2 or .8%	2 or 2.7%
Tuberculosis of meninges		1 or 1.4%
Tuberculosis of peritoneum	1 or .4%	
Tuberculosis of spine	2 or .8%	
Pulmonary disease—nontuberculous	109 or 44.1%	14 or 18.9%
Total	247 or 100%	74 or 100%

Table III (b)

FINAL PRINCIPAL TUBERCULOSIS DIAGNOSIS OF REVIEW CASES DISCHARGED DURING THE YEAR

	Active	Inactive
Tuberculosis of Lung		
Minimal		4
Moderately advanced	2	
Far advanced	1	1
Other tuberculosis	1	1
All Review Cases	4	6

** Previously treated at this institution

Table III (c)

COMPLICATIONS OF PATIENTS DISCHARGED
Calendar Year 1966

(excludes all principal diagnoses shown in Tables IIIa, IIIb, and IVa)

A. Tuberculous conditions:

Adrenal glands, tuberculosis of	1
Bones & Joints, tuberculosis of	
Ankle	1
Elbow	1
Hip	2
Knee	3
Spine	2
*Bronchiectasis	30
*Bronchopleural fistula	8
*Empyema	2
Genitourinary system, tuberculosis of	7
Laryngitis	3
Liver, tuberculosis of	1
Lymphadenitis	1
Pancreas, tuberculosis of	1
*Pleurisy with effusion	10
*Pneumothorax, spontaneous	2
*Tracheobronchitis	3
Total	78

B. Conditions other than Tuberculosis:

*Abscess, lung		5
Abscess, superficial		1
Anaemia, iron deficiency	CV	19
Ankylosis of joint		1
Appendicitis, chronic		1
Arteriosclerosis	CV	5
Arthritis, gouty		2
Arthritis, osteo		14
Arthritis, poly		1
Arthritis, rheumatoid		1
*Asthma, bronchial		1
*Atelectasis		3
Atheroma of aorta	CV	1
Auricular fibrillation	CV	3
*Bronchiectasis		6
*Bronchitis		5
*Broncholithiasis		1
*Bronchopleural fistula		1
Cataract		7
Cellulitis		1
Cerebro-vascular accident	CV	4
Cervicitis		2
Cholelithiasis		2
Cleft palate		1
Condyloma acuminatum		1
Conjunctivitis		1
Cor pulmonale	CV	2
Cystocele		1
Dermatitis—generalized		1
Diabetes Mellitus		29
Disabled shoulder syndrome		1
Diverticulosis of colon		3
Dupuytren's contracture		4
*Emphysema, generalized of lung		15
*Empyema		1
Epilepsy		1
*Fibrosing alveolitis		1
*Fibrosis of lung, cause undetermined		9
*Fibrothorax		1
*Fracture of rib		3
Fracture of toe		1
Frozen shoulder		1
Furunculosis		2
Glaucoma		1
*Granulomatosis, pulmonary due to Runyon bacilli type II		1
Gynecomastia		2
*Haemothorax		2
Haemorrhoid		3
Hallux Valgus		2
Harelip		1
Heart Disease, congestive	CV	5
Heart Disease, coronary	CV	30
Heart Disease, rheumatic	CV	2
Hemiparesis		3
Hepatitis, infectious		1
Hernia, ventral		2
Hyperplasia of breast, cystic		2
Hypertensive cardiovascular disease	CV	
Infarction, acute myocardial	CV	1
Infectious mononucleosis		1
Intestinal obstruction		1

Keratosis, seborrheic	1
Kyphosis, dorsal	1
Laryngitis	1
Myocarditis CV	1
*Necrosis of rib, post plombage	1
Neoplasm, benign cervix	1
Neoplasm, benign, skin	1
Neoplasm, malignant, primary, lip	1
*Neoplasm, malignant, primary, lung	3
Neoplasm, malignant, primary, prostate	1
Neoplasm, malignant, primary, skin	2
Neoplasm, malignant, primary, vulva	1
Nephrosclerosis	1
Obesity, constitutional	3
*Oedema, pulmonary	1
Osteoporosis, senile	2
Otitis media, chronic	1
Parkinson's syndrome	1
Phlebitis CV	1
*Pleurisy with effusion	3
*Pneumonia, broncho	6
*Pneumonia, lobar	2
*Pneumonitis	8
*Pneumonoconiosis	1
*Pneumothorax, spontaneous	2
Prostatic hypertrophy	1
Psoriasis	2
Psychiatric conditions:	
Alcoholism	8
Depression	2
Depression recurrent	1
Mental Defective	3
Mental Retardation	5
Personality Disorder	3
Psychosis, paranoid	1
Psychosis, toxic	1
Reactive depression	1
Schizophrenia	4
*Pulmonary embolism	1
*Pulmonary insufficiency	1
Pyelonephritis	1
Rectocele	1
Renal colic	1
Senility	1
Shoulder-Hand syndrome	4
Syphilis, latent	2
Tabes dorsalis	1
*Thoracic stomach	1
Ulcer, decubitis	1
Ulcer, duodenal	2
Ulcer, gastric	1
Von Recklinghausen's disease	1
Vericose veins CV	3

*indicates diseases of chest other than heart
CV indicates diseases of heart and blood vessels

Table IV (a)

NONTUBERCULOUS PATIENTS—DIAGNOSIS ON DISCHARGE

(includes sick staff admitted to other than sick staff rooms for care of minor illnesses)

	First Admissions	Readmissions*
Abscess, lung	2	
Asthma, bronchial	6	2
Atelectasis	2	
Bronchiectasis, nontuberculous	6	3
Bronchitis, acute	1	
Bronchitis, chronic	3	
Coronary Artery Heart Disease	1	
Cystic Disease of Lung	4	1
Empyema	2	
Evulsion of phrenic nerve, post traumatic	1	
Fibrosis of lung	5	1
Fibrothorax	1	1
Foreign body in lung	1	
Fracture of ribs	1	
Gunshot wounds of chest	2	
Haemoptysis due to anticoagulant therapy	1	
Haemoptysis, cause undetermined	1	
Hamman-Rich syndrome	1	
Hernia, hiatus	1	
Hilar adenopathy, cause undetermined	1	
Hypertension, etiology undetermined	1	
Laryngopharyngitis	1	
Neoplasm, primary, esophagus	1	
Neoplasm, primary, lung	18	
Neoplasm, primary, mediastinum	1	
Neoplasm, primary, stomach	1	
Neoplasm, secondary, lung; primary gall bladder	1	
Neoplasm, secondary, lung; primary leg (Sarcoma)	1	
Neoplasm, secondary, lung; primary urinary bladder	1	
Pharyngitis, glandular	1	
Pleurisy with effusion, nontuberculous	2	1
Pneumonia, broncho	12	1
Pneumonia, lobar	3	
Pneumonitis	5	
Reactive Depression	1	
Sarcoidosis, pulmonary	1	
Silicosis	1	1
Spontaneous pneumothorax	2	
Tracheitis	1	
Tuberculin converter, no demonstrable disease	4	
No evidence of significant disease	7	3
Total	109	14

*Previously treated at this institution

Table IV (b)

NONTUBERCULOUS PATIENTS DISCHARGED—YEAR 1946

Age Group and Sex

	First Admissions			Readmissions*
	Male	Female	Both Sexes	Total
0–9	4		4	
10–19	7	2	9	2
20–29	6		6	
30–39	9	4	13	2
40–49	10	8	18	3
50–59	15	9	24	
60–69	16	5	21	4
70–79	8	3	11	2
80 +	1	2	3	1
All Ages	76	33	109	14

Table IV (c) NONTUBERCULOUS PATIENTS DISCHARGED

Condition on Discharge

	First Admissions			Readmissions*
	Male	Female	Both Sexes	Total
Resolved	12	6	18	1
Improved	28	11	39	8
Unchanged**	28	15	43	2
Dead	8	1	9	3
Total	76	33	109	14

*Previously treated at this institution
**Includes "unimproved"

Table IV (d)

NONTUBERCULOUS PATIENTS DISCHARGED—YEAR 1966

Health Unit referring case

Health Unit	First Admissions	Readmissions*
Atlantic	8	2
Cape Breton North	0	
Cape Breton South	3	
Cobequid	5	2
Fundy	67	8
Halifax City	0	
Lunenburg-Queens	4	
Northumberland	14	1
Western	8	1
ALL UNITS	109	14

Table V

DISCHARGE CONDITION OF PATIENTS WITH TUBERCULOSIS ALL FORMS

(Review cases excluded)

Calendar Year 1966

	First Admissions	Readmissions*
Inactive	18 or 13.0%	19 or 31.7%
Quiescent		1 or 1.7
Active improved	110 or 79.7	32 or 53.3
Active unimproved	6 or 4.3	4 or 6.7
Died	4 or 2.9	4 or 6.7
ALL DISCHARGES	138 or 100%	60 or 100%

*Previously treated at this institution

Table VI (a)

TYPES OF DISCHARGE OF PATIENTS WITH TUBERCULOSIS—ALL FORMS

First Admissions

	Calendar Year 1966			Calendar Year 1965	Calendar Year 1964
	Male	Female	Total		
On Medical Advice to home (without drugs)	22 or 27.5%	12 or 20.7%	34 or 24.6%	17 or 12.1%	12 or 8.3%
To continue drugs at home	24 or 30.0	33 or 56.9	57 or 41.3	73 or 51.8	83 or 57.2
Transfer to other institution	6 or 7.5	3 or 5.2	9 or 6.5	16 or 11.3	15 or 10.3
Against medical advice	18 or 22.5	9 or 15.5	27 or 19.6	26 or 18.4	19 or 13.1
Misconduct	7 or 8.7		7 or 5.1	3 or 2.1	2 or 1.4
Died	3 or 3.7	1 or 1.7	4 or 2.9	6 or 4.2	14 or 9.7
TOTAL	80 or 100%	58 or 100%	138 or 100%	141 or 100%	145 or 100%

Table VI (b)

Readmissions*

	Calendar Year 1966			Calendar Year 1965	Calendar Year 1964
	Male	Female	Total		
On Medical Advice to home (without drugs)	23 or 57.5%	4 or 20.0%	27 or 45.0%	45 or 60.8%	34 or 45.3%
To continue drugs at home	6 or 15.0	11 or 55.0	17 or 28.3	11 or 14.9	22 or 29.3
Transfer to other institution	3 or 7.5		3 or 5.0	3 or 4.1	2 or 2.6
Against medical advice	5 or 12.5	3 or 15.0	8 or 13.3	7 or 9.5	7 or 9.3
Misconduct	1 or 2.5		1 or 1.7	3 or 4.1	0 or 0.0
Died	2 or 5.0	2 or 10.0	4 or 6.7	5 or 6.8	10 or 13.3
TOTAL	40 or 100%	20 or 100%	60 or 100 %	74 or 100%	75 or 100%

*Previously treated at this institution

TABLE VI (c) **TYPE OF DISCHARGE OF PATIENTS—TUBERCULOSIS—ALL FORMS**
All Discharges—Admissions and Readmissions*
(Review cases excluded)

	Calendar Year 1966	Calendar Year 1965	Calendar Year 1964	Calendar Year 1963
On Medical Advice to home (Without drugs)	61 or 30.8%	62 or 28.8%	46 or 20.9%	54 or 26.8%
To continue drugs at home	74 or 37.4	84 or 39.1%	105 or 47.7%	92 or 45.5
Transfer to other institution	12 or 6.1	19 or 8.8	17 or 7.7	20 or 9.9
Against medical advice	35 or 17.7	33 or 15.3	26 or 11.8	16 or 7.9
Misconduct	8 or 4.0	6 or 2.8	2 or 0.9	6 or 3.0
Died	8 or 4.0	11 or 5.1	24 or 10.9	14 or 6.9
TOTAL	198 or 100%	215 or 100%	220 or 100%	202 or 100%

Table VI (d) **IRREGULAR DISCHARGES** TUBERCULOSIS—ALL FORMS—AGE GROUPS**

Age Groups	Calendar Year 1966				1966 Total and percentage of all discharges in same age group	1965 Total and percentage of all discharges in same age group
	First Admissions			Readmissions*		
	Males	Females	Total	Total		
0– 9	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%	0 or 0.0%
10–19	3 or 75.0	1 or 16.7	4 or 40.0	1 or 50.0	5 or 41.7	1 or 16.6
20–29	5 or 50.0	0 or 0.0	5 or 29.4	0 or 0.0	5 or 23.8	7 or 29.2
30–39	1 or 11.1	5 or 33.3	6 or 25.0	2 or 50.0	8 or 26.7	12 or 30.0
40–49	5 or 35.7	2 or 22.2	7 or 30.4	2 or 13.3	9 or 23.7	9 or 20.9
50–59	7 or 29.2	1 or 8.3	8 or 22.2	3 or 15.0	11 or 19.6	5 or 14.3
60 +	4 or 25.0	0 or 0.0	4 or 17.4	1 or 6.7	5 or 13.2	5 or 9.1
All Ages	25 or 31.2%	9 or 15.5%	34 or 24.6%	9 or 15.0%	43 or 21.7%	39 or 18.1%

* Previously treated at this institution
** Against medical advice and for misconduct (percentage refers to ratio of irregular discharges to total number of discharges in that age group)

Table VI (e)

IRREGULAR DISCHARGES

AMERICAN THORACIC SOCIETY FORMULA

Total number of patients discharged Jan. 1 to Dec. 31, 1966			331
Total deductions			153
(a) Deaths	20		
(b) Nontb. discharges	111		
(c) Transfer to other hospitals for continuation of Tb. treatment	12		
(d) Discharges of patients admitted for observation, diagnostic procedures, special examinations, or follow-up and for whom less than 30 days' hospitalization was anticipated by original intent	10		
(e) Discharges of court order patients from locked wards	0		
Net Tb. discharges			178
Total irregular discharges			43
(a) Against medical advice (disease unstable: 14)	35		
(b) Disciplinary (disease unstable: 1)	8		
Per cent irregular discharges 1966 (item 4 ÷ 3 x 100)			24.2
Per cent irregular discharges 1965		21.1	
Per cent irregular discharges 1964		15.5	
Per cent irregular discharges 1963		13.1	
Per cent irregular discharges 1962		19.7	
Per cent irregular discharges 1961		21.8	
Per cent irregular discharges 1960		19.2	
Per cent irregular discharges 1959		39.5	

Table VII

ADMISSION DIAGNOSIS OF PATIENTS DISCHARGED

(Pulmonary Tuberculosis only)

Review cases excluded

	FIRST ADMISSIONS						Readmissions*
	Calendar Year 1946			Fiscal years ending in 1946		1936	Calendar Year 1946
	Males	Females	Total	Total	Total	Total	Total
Primary	4 or 5.3%	3 or 5.6%	7 or 5.4%	139 or 18.3	142 or 13.7	28 or 11.9	15 or 27.3%
Minimal	14 or 18.5	16 or 29.6	30 or 23.1				
Moderately advanced	30 or 39.5	20 or 37.0	50 or 38.5	114 or 53.5	151 or 49.2	56 or 23.7	23 or 41.8
Far advanced	24 or 31.6	14 or 25.9	38 or 29.2	160 or 28.2	114 or 37.1	152 or 64.4	17 or 30.9
Miliary	2 or 2.6	1 or 1.9	3 or 2.3				
Silicotuberculosis	2 or 2.6		2 or 1.5				
All diagnoses	76 or 100%	54 or 100%	130 or 100%	413 or 100%	407 or 100%	236 or 100%	55 or 100%

* Previously treated at this institution

Table VIII (a)

AGES AT TIME OF ADMISSION OF PATIENTS DISCHARGED DURING 1966

Pulmonary Tuberculosis only—Primary and Reinfection Type

(Review cases excluded)

	FIRST ADMISSIONS						Readmissions*
	Calendar Year 1966			Fiscal years ending in 1956	1946	1936	Calendar Year 1966
	Males	Females	Total	Total	Total	Total	Total
0– 9	3	2	5	2	0	1	0
10–19	3	5	8	31	35	40	0
20–29	9	7	16	58	153	110	4
30–39	9	15	24	50	69	48	4
40–49	14	9	23	49	26	26	14
50–59	22	10	32	15	15	8	19
60 +	16	6	22	8	9	3	14
All ages	76	54	130	213	307	236	55
Average ages	46.4	40.3	43.9	33.6	31.2	29.0	53.6
Averages 1965	41.9	41.3	41.7	.....	....	....	52.0
Averages 1964	46.0	34.2	41.1	....	....	....	50.9

*Previously treated at this institution

Table VIII (b)

AGE GROUPS AND SEX OF PATIENTS IN RESIDENCE

(Actual age on last day of year)

Tuberculosis—All forms

(Review cases excluded)

Age Group	On December 31, 1966					On December 31, 1965		On December 31, 1964	
	Male	Female	Total	Percentage		Total	Cumulative Percentage	Total	Cumulative Percentage
				Actual	Cumulative				
0– 4	3	2	5	3.5	3.5	2	1.6	5	3.8
5– 9	3	2	5	3.5	7.0	3	4.0	7	9.1
10–14	3	2	5	3.5	10.6	2	5.6	0	9.1
15–19	5	8	13	9.2	19.8	5	9.5	5	12.9
20–29	7	7	14	9.9	29.8	7	15.0	11	21.2
30–39	10	8	18	12.8	42.6	21	31.5	20	36.4
40–49	16	7	23	16.3	58.9	20	47.2	27	56.8
50–59	14	4	18	12.8	71.7	30	70.8	20	71.9
60–69	16	6	22	15.6	87.3	19	85.8	22	88.6
70–79	12	3	15	10.6	97.9	12	95.3	10	96.2
80 +	3	0	3	2.1	100%	6	100%	5	100%
All Ages	92	49	141	100%		127		132	

Table VIII (c)

EXTENT OF DISEASE AND SEX OF PATIENTS IN RESIDENCE

Tuberculosis—All Forms

(Includes First Admissions and Readmissions, excluding review)

December 31, 1966

Extent of Diseases	Males	Females	Total	Percentage
Primary	8	2	10	7.1
Minimal	10	5	15	10.6
Moderately advanced	22	19	41	29.1
Far advanced	44	19	63	44.7
Other tuberculosis	8	4	12	8.5
All Diagnoses	92	49	141	100%

VIII (d)

AGE GROUPS AND PRINCIPAL TUBERCULOSIS DIAGNOSIS OF PATIENTS IN RESIDENCE

Age Group	December 31, 1966						Dec. 31 1965 Total
	Primary	Minimal	Mod. Advanced	Far Advanced	Non Respiratory	Total	
0—4	2	1			2	5	2
5—9	4				1	5	3
10—14	4	1				5	2
15—19		1	6	5	1	13	5
20—29		3	7	4		14	7
30—39		2	7	7	2	18	21
40—49		4	8	11		23	20
50—59		2	2	10	4	18	30
60—69			6	14	2	22	19
70—79			4	11		15	12
80 +		1	1	1		3	6
All Ages	10	15	41	63	12	141	127

Table VIII (c)

AGE GROUPS AND SEX OF PATIENTS ADMITTED AND READMITTED DURING YEAR

Tuberculosis All Forms

(Review cases excluded)

Age Group	Calendar Year 1966				1965		1964	
	Male	Female	Total	Percentage	Total	Percentage	Total	Percentage
0– 4	4	2	6	2.9	3	1.4	5	2.6
5– 9	3	1	4	1.9	2	1.0	6	3.2
10–14	2	2	4	1.9	2	1.0	0	0.0
15–19	7	10	17	8.1	6	2.9	6	3.2
20–29	14	13	27	12.9	23	11.0	17	9.0
30–39	15	12	27	12.9	34	16.2	26	13.8
40–49	26	12	38	18.1	37	17.7	41	21.7
50–59	33	11	44	21.0	48	23.0	39	20.6
60–69	15	5	20	9.5	31	14.8	29	15.3
70–79	14	4	18	8.6	17	8.1	14	7.4
80 +	4	1	5	2.4	6	2.9	6	3.2
All Ages	137	73	210	100%	209	100%	189	100%

Table IX

RELIGION OF PATIENTS DISCHARGED

Tuberculosis—All Forms

(Review cases excluded)

Calendar Year 1966

	First Admissions and Readmissions*
Anglican	30 or 15.1%
Baptist	35 or 17.7
Catholic, Roman	81 or 40.9
Church of Christ	1 or .5
Congregational	1 or .5
Jehovah Witness	1 or .5
Lutheran	2 or 1.0
Mormon	1 or .5
Pentecostal	2 or 1.0
Presbyterian	14 or 7.1
Salvation Army	4 or 2.0
Seven Day Adventist	1 or .5
United Church	25 or 12.6
All Discharges	198 or 100%

Table X

RESIDENCE OF PATIENTS DISCHARGED

Tuberculosis—All Forms

(Review cases excluded)

Calendar Year 1966

	First Admissions			Readmissions*		
	Male	Female	Total	Male	Female	Total
Annapolis Co.	4	3	7	1	0	1
Antigonish Co.	3	3	6	2	0	2
Cape Breton Co.	4	1	5	1	0	1
Colchester Co.	3	2	5	6	0	6
Cumberland Co.	3	1	4	0	0	0
Digby Co.	5	6	11	1	2	3
Guysborough Co.	1	1	2	2	0	2
Halifax City	7	5	12	3	3	6
Halifax Co.	16	13	29	8	2	10
Hants Co.	4	2	6	2	4	6
Inverness Co.	2	0	2	2	0	2
Kings Co.	7	8	15	4	3	7
Lunenburg Co.	7	3	10	3	0	3
Pictou Co.	5	3	8	3	4	7
Queens Co.	0	2	2	0	0	0
Richmond Co.	2	0	2	0	0	0
Shelburne Co.	2	0	2	0	0	0
Victoria Co.	1	0	1	0	0	0
Yarmouth Co.	2	4	6	2	2	4
Out of Province	2	1	3	0	0	0
TOTAL	80	58	138	40	20	60

* Previously treated at this institution

TABLE XI

SURGICAL PROCEDURES

Calendar Year 1966

A.	Artificial pneumoperitoneum	0
B.	Primary Thoracoplasty	0
C.	Pulmonary Resections	73

Indications: (including biopsy* for diagnostic purposes)

Atelectasis	1
Bronchiectasis	1
Carcinoma, bronchogenic	10
Cyst, pulmonary	1
Emphysema	1
Haemothorax, traumatic	1
Pneumonia, chronic	1
Sarcoidosis	1*
Silicosis	1*
Tuberculosis	55

For Pulmonary Tuberculosis: Type of operation

Pneumonectomy	1
Lobectomy	23
Segmentectomy, single	6
Segmentectomy, multiple	7
Segmentectomy and Wedge resection	1
Wedge resection	17

Operative Mortality (within 60 days) 0.0%**

**Based on tuberculosis cases only

Table XI (D)

RESECTIONAL THERAPY ON PATIENTS DISCHARGED

Pulmonary Tuberculosis only—according to extent of disease

FIRST ADMISSIONS

Extent of Disease	Calendar Year 1966			1965	1964	1963	1962
	Male	Female	Total	Total	Total	Total	Total
Minimal	3 or 21%	5 or 31%	8 or 27%	9 or 27%	9 or 30%	6 or 25%	11 or 35%
Moderately advanced	10 or 33	5 or 25	15 or 30	24 or 49	27 or 57	34 or 53	28 or 48
Far advanced	8 or 33	6 or 43	14 or 38	9 or 29	15 or 47	9 or 26	13 or 32
Total	21 or 31%	16 or 32%	37 or 32%	42 or 37%	51 or 46%	49 or 40%	52 or 40%
Bilateral operations	0	1	1	2	2	8	7

READMISSIONS*

Extent of Disease	Calendar Year 1966			1965	1964	1963	1962
	Male	Female	Total	Total	Total	Total	Total
Minimal	1 or 11%	2 or 33%	3 or 20%	2 or 13%	3 or 16%	0 or 0%	0 or 0%
Moderately advanced	3 or 27	2 or 17	5 or 22	4 or 13	4 or 18	3 or 18	9 or 32
Far advanced	0 or 0	0 or 0	0 or 0	2 or 9	4 or 13	3 or 14	3 or 8
Total	4 or 13%	4 or 16%	8 or 15%	8 or 18%	11 or 15%	6 or 12%	12 or 18%
Bilateral operations	0	0	0	0	1	1	0

E. Sundry Surgical Procedures—Major:

Artificial Pneumothorax (extrapleural)	1
Cholecystectomy and Appendicectomy	1
Decortication, pleural	2
Decortication, pleural, rib resection and closure of fistula	1
Delivery, obstetrical	2
Extraperiosteal plombage of lung	3
Freeing of adhesions of small bowel	1
Hysterectomy	1
Laparotomy	1
Nephrectomy	3
Removal of plombage plus thoracoplasty	2
Suprapubic resection of bladder tumour	1
Transurethral resection of prostate	2

F. Sundry Surgical Procedures—Minor:

Aspiration of abdominal fluid	4
Aspiration of pleural fluid	73
Biopsy, growth	2
Biopsy, pleural tissue	8
Biopsy, scalene node	20
Blood transfusion—bottles of blood used	349
Excision of cervical lymph nodes	2
Excision of cyst	1
Excision of keratosis	2
Excision of mole	3
Excision of papilloma	1
Excision of wart	3
Nerve block	2
Suturing of wound	1
Thoracostomy	5
Unguectomy	1

G. Anaesthesia:

Carbocaine 1%	2
Ether	2
Novocaine 2%	195
Pentothal Sodium	1
Pentothal Sodium + ether + oxygen	7
Pentothal Sodium + ether + cyclopropane + oxygen	36
Pontocaine 2% topical	369
Spinal	3
Xylocaine 4%	5

TABLE XII

X-RAY DEPARTMENT REPORT

Abdominal, flat film	18
Barium enema	7
Bones & Joints	212
Bronchograms	118
Bronchospirometry	11
Chest	4923
Colon	4
Cystogram	4
Dental	10
Fistula, contrast media	6
Gall Bladder	4
Gastrointestinal (complete)	28
Kidney-Ureter-Bladder	26
Oesophagus	3

Outside films interpreted		2511
—interpreted for Director of Tuberculosis Control, City of Halifax	1480	
—interpreted for others	1031	
Planigrams		143
Sinus and Mastoid		2
Total		8030

3381 Out-patient X-ray examinations included in above table

Film developing service for Department of Public Health:	
Cobequid Health Unit	4637
Fundy Health Unit	1774
Northumberland Health Unit	2109
Western Health Unit	1655
All Units	10,175

TABLE XIII

LABORATORY REPORT

Units of work performed:	1943	1945	1944
General Laboratory	80,366	69,199	71,711
Milk and Water Laboratory	12,207	12,581	13,483
Total Units performed in Nova Scotia Sanatorium Laboratory	92,573	81,780	85,194
Units of Work performed for the Sanatorium by Public Health, Red Cross and Biochemistry Laboratories, Halifax	11,764	7,374	6,437
Units of Work performed for the Sanatorium by:			
Pathology Laboratory, Halifax	1,240*	1,064	
Blanchard-Fraser Memorial Hospital Laboratory, Kentville	162	48	0
Total Units of Work for Sanatorium specimens	104,499	90,266	91,631

*Surgical and autopsy specimens rated at 8 units of work for each of 147 operative specimens plus 8 complete autopsies.

Bacteriology:	
Atypical mycobacteria	20
Bronchoscopic specimens for tubercle bacilli:	
Concentrated cultures	78
Cerebrospinal fluid specimens for tubercle bacilli:	
Direct cultures	38
Direct smears	10
Gastric lavages for tubercle bacilli:	
Concentrated cultures	1071
Concentrated smears	219
Miscellaneous specimens for tubercle bacilli:	
Concentrated cultures	283
Concentrated smears	127
Direct cultures	207
Direct smears	102

Niacin testing	166
Sputum specimens for tubercle bacilli:	
Concentrated cultures	3513
Concentrated smears	1328
Tubercle Bacilli sensitivities	140
Urines for tubercle bacilli:	
Concentrated cultures	755
Concentrated smears	339
Secondary Organisms:	
Blood cultures	9
Fungi	4
General antibiotic sensitivity tests	145
Miscellaneous	631
Sputum	333
Sterilities	58
Stool	4
Throat and Nose	1513
Urine	188
Biochemistry:	
Bromsulphalein	130
Cephalin Cholesterol Flocculation	18
Collections	480
Creatinine, blood	8
Creatinine, urine	1
Gastric Analysis	1
Glucose	1607
Glucose Tolerance	17
Non Protein Nitrogen	74
Thymol Turbidity	49
Total Protein, pleural fluid	2
Total Protein, urine	1
Total Protein, A/G Ratio	35
Urea Nitrogen	537
Van den Bergh	15
Specific Gravity, pleural fluid	5
Ictotest, serum	6
Cerebrospinal Fluid:	
Cell Count	15
Chlorides	6
Protein	15
Sugar	8
Faeces:	
Occult blood	43
Ova and Parasites	1
Urobilin	6
Haematology:	
Collections	767
Differential counts	1601
Eosinophil counts	1
Hematocrits	1679
Hemoglobin estimations	2447
L. E. Cells	16
Nasal swabs for eosinophils	4
Platelet counts	8

Partial Thromboplastin Time	13
Prothrombins	15
Red Blood Cell Count	6
Reticulocyte count	17
Sedimentation rates	1679
White Blood Cell Count	2244
Mono test	7

Milk and Water Examinations:

Samples tested for coliform organisms:

Chocolate Dairy Drink	115
Cream	85
Ice Cream Mix	25
Milks	524
Empty cartons	2
Total dairy products:	751
Water	1239

Samples tested for phosphatase:

Chocolate Dairy Drink	116
Cream	78
Ice Cream Mix	21
Milks	496
Total phosphatase tests:	711

Other tests:

Plate counts, milk	178
restaurants and taverns	782
Resazurins	194

Pathology:

Collections and mailing	388
Serology collections	280

Urines:

Individual constituents	126
Routine urinalysis	1976
Trichomonas smears	35
Urobilinogen	6

Tests Performed in the Biochemistry Department, V.G. Hospital:

Blood and urine specimens:

Acid phosphatase	3
Alkaline phosphatase	65
Bicarbonate	53
Calcium	25
Chlorides	53
Cholesterol	72
Electrophoresis, protein differential	11
17 Keto-Steroids	15
17 OH-corticoids	22
Other urinary hormones	6
Phosphorous	8
Potassium	53
Protein bound iodine	28
Sodium	53
Transaminase	59
Uric acid	44
Urine for pregnancy	11

Cerebrospinal Fluid:

Chlorides	1

Tests performed in the Public Health Laboratory, Halifax:

Bacteriology:	
Culture for identification	3
Fungi culture	1
Gonococcus smears	67
Serum for complement fixation for Aspergillosis	1
Stools for enteric	7
Widal	1
Cerebrospinal Fluid:	
Mastic Curve	15
Haematology:	
Bone marrow	4
Differentials	4
L. E. Cells	16
Pathology:	
Papanicolaou Smears	767
Serology:	
Latex Fixation	21
Paul Bunnell	14
Rose Waaler	2
Treponema Pallidum Immobilization	2
V.D.R.L.	559
Wassermann, blood	2
Wassermann, C.S.F.	7

Tests performed in the Red Cross Laboratory:

Blood Group, Cross Match, Rh, for surgery	496
Blood Group and Rh	9
Rh Antibody Titre	5

Tests performed in the Blanchard-Fraser Memorial Hospital Laboratory:

Cross match for surgery	45
Grouping and Rh determination	7

Note:

We continue to acknowledge our indebtedness to the Laboratory Services of the Department of Public Health and the Biochemistry Service of the Victoria General Hospital, and to the Red Cross Blood Transfusion Service for invaluable assistance rendered throughout the year.

TABLE XIV

SPECIAL SERVICES

			1966	1965
A.	Outpatient Department:			
	(1) Total visits to chest clinic		3297	2996
	Ex-patients	681		
	Staff	1261		
	Others	1355		
	(2) Number of old cases reactivated		3	3
	(3) Number of newly diagnosed cases		5	2
	(4) B.C.G. Clinic:			
	Total vaccinations		75	65
	Nurses—graduate	2		
	student	0		
	others	46		
	Other hospital personnel	27		
	Adults and children—contacts	0		
	Adults and children—not contacts	0		

B.	**Bronchoscopy Service:**		
	Bronchoscopy examinations	246	208
C.	**Physical Medicine Service:**		
	(1) Treatments		
	Exercise—active and passive	8423	7364
	Massage	226	870
	Infra red light therapy	2042	2436
	Short wave therapy	2475	1780
	Steam packs	1379	785
	Wax baths	538	689
	Ultra sonic muscle stimulation	1359	1569
	Intermittent Positvie Pressure Breathing	2742	1577
	Postural drainage*	813	936
	Steam inhalation	128	0

*Postural Drainage includes 474 with I.P.P.B. to facilitate the procedure.

	(2) Diagnostic Procedures:		
	Blood Gas studies	27	0
	Bronchospirometry	10	3
	Electrocardiograms	223	280
	Pulmonary Function tests	69	91
		Patients	**Visits**
D.	**Mental Health Services:**		
	Service by Psychiatrists:		
	To Brain Disorders	2	3
	Mental Deficiency	2	2
	Psychotic Disorders	4	6
	Psychophysiologic Disorders	1	1
	Psychoneurotic Disorders	17	30
	Personality Disorders	8	21
	Situational Adjustment Reactions	12	15
		46	78
	Psychiatric Lecture Series to Nurses-in-Training		12

E.	**Dental Services:**	
	Examinations	130
	Prophylactic treatments	75
	Extractions	197
	Fillings	94
	Artificial dentures (professional service only)	30
F.	**Special Examinations:**	
	Allergy tests	10
	Autopsy examinations	8
	Autopsy rate 40%	
	Cystoscopy	12
	Electrocardiograms interpreted for Point Edward Hospital	114
	Esophagoscopy	2
	Injection of joint	19
	Lumbar puncture	17
	Pelvic examination	49
	Prenatal examination	28
	Sigmoidoscopy	3
	Sternal puncture	16

TABLE XV

SPONSORSHIP OF PATIENTS HOSPITALIZED

	1964	1965	1966
Department of National Defence —Army	0	0	1
Navy	0	2	5
Air Force	3	2	1
Department of National Health & Welfare, Medical Services:			
(a) Immigration Medical Service	1	0	0
(b) Indian and Northern Health Services	6	9	10
(c) Sick Mariners Service	1	3	2
Department of Veterans Affairs:	21	18	11
Reciprocal Agreement:			
(a) with Ontario	1	0	0
(b) with New Brunswick	0	0	0
(c) with Prince Edward Island	0	0	0
Other:			
(a) Private shipping company	0	1	1
(b) U. S. citizen	0	0	1
Department of Public Health of Nova Scotia	430	441	451
Total	463	476	483

Eighteenth Annual Report

OF

Point Edward Hospital

NOVA SCOTIA

DEPARTMENT OF PUBLIC HEALTH

SYDNEY, NOVA SCOTIA

FOR THE CALENDAR YEAR
ENDING DECEMBER 31, 1966

HONOURABLE RICHARD A. DONAHOE

Minister of Public Health

Doctor J. S. Robertson
Deputy Minister

Doctor J. E. Hiltz
Administrator of Tuberculosis Control Services

MEDICAL STAFF

Medical Superintendent	Dr. D. S. Robb
Staff Physicians	Dr. T. Krzyski
	Dr. D. M. Muir
Consultants	Dr. D. B. Archibald—Urology
	Dr. W. MacIsaac—Bronchoscopy
Courtesy Consultants	Dr. H. R. Corbett—Radiology
	Dr. E. C. McDonagh—Psychiatry
	Dr. R. Mathieson—Pathology
	Dr. H. Tremblett—Pathology
	Dr. A. W. Gyorfi—Pathology
	Dr. H. M. Holden—Electrocardiology

NURSING STAFF

Director of Nursing	Miss Katherine MacKenzie
Asst. Director of Nursing	Mrs. Flora MacDonald
Head of Teaching Department	Mrs. Winnifred Protheroe
O. R. Supervisor	Miss Helen Chiasson
Evening Supervisor	Miss Margaret Bates
Night Supervisor	Mrs. Edna MacDougall
Relief Supervisor	Miss Helen MacKenzie
Head Nurse —Ward A	Miss Theresa Bisson
—Ward B	Mrs. Irene Pierrynowski
—Ward C	Mrs. Elizabeth Reid
—Ward D	Mrs. Lenore Lawley

ADMINISTRATIVE AND TECHNICAL STAFF

Medical Superintendent	Dr. D. S. Robb
Chief Clerk	Mrs. Margaret MacKenzie
Stores Supervisor	Mrs. Isobel MacPherson
Rehabilitation Supervisor	Mr. James MacDougall
X-Ray Technician	Mrs. Ada O'Callaghan
Laboratory Technician	Miss Margaret Lamond
Dietitian	Mrs. Edith Burchell
Housekeeper	Mrs. Greta MacDougall
Medical Records	Miss Vivian Fraser

ANNUAL REPORT OF POINT EDWARD HOSPITAL

—1966—

FUNCTION:

Point Edward Hospital is operated by the Tuberculosis Control Services of the Department of Public Health of the Province of Nova Scotia. Its function, officially stated, is to provide for:

(a) Treatment and isolation of those persons requiring same due to the presence of tuberculous disease.

(b) Out-patient services for persons referred for evaluation of their tuberculosis status or for diagnosis of suspected tuberculosis or other disease simulating tuberculosis.
(c) Such other services as may from time to time be permitted or designated by the Minister when facilities are not required for tuberculosis patients.

THE HOSPITAL PLANT:

The hospital is situated across the harbour from the City of Sydney, seven miles by road from the city. The Hospital building, together with the Nurses' Residence, Domestic Staff Residence, Physicians' apartments, etc., were built during the early part of World War II, as a Navy Hospital, part of the Point Edward Navy Base. Following the war it was operated briefly by the Department of Veterans' Affairs as a Veterans' Hospital, and when no longer required by the Federal Government was leased to the Province of Nova Scotia. It was opened as a Tuberculosis and Chest Disease Hospital on January 15, 1949, just two-and-a-half years after "free treatment for Tb" had been introduced in Nova Scotia, and at a time when the demand for tuberculosis treatment beds was at its peak.

PLANT MAINTENANCE

The buildings, as noted above, are leased. Initially the necessary minor alterations were carried out by the Provincial Department of Public Works, and operational maintenance was shared between the Department of National Defence (outside maintenance) and the Provincial Department of Public Works (inside maintenance). With the closing, in 1966, of the Point Edward Naval Base, the Department of National Defence turned over its interests to the Department of Transport, and a new lease was negotiated with the latter, with maintenance almost entirely the responsibility of the Nova Scotia Department of Public Works. The buildings, considered "temporary" when erected twenty-five years ago, certainly lack much which is standard for hospital construction today, but nevertheless they are fulfilling a necessary function reasonably well.

TUBERCULOSIS TRENDS

Although 1965 had seen a small upward swing in the number of admissions to this hospital, this figure dropped again in 1966, resuming the over-all trend of recent years, of a gradual decline in the requirements for active-treatment tuberculosis beds in this country. Although we welcome this trend, and hope that the time will come when this once dread disease will be at last conquered, we feel it necessary to repeat the warning of the dangers of complacency. Unless we continue the task of searching out the unknown active case in our community, and regularly check-up the healed or inactive cases which may at any time reactivate and become infectious, unless these reservoirs of the disease are kept under continuous surveillance, new epidemics will inevitably result. And even when tuberculosis is controlled in this country, until such control is world wide, no one country or province will be safe.

IN-PATIENT SERVICES

Because of geographical location, patients are largely drawn from Cape Breton Island and eastern Nova Scotia (cf Table 5), but they may come to us from any part of the province. At Point Edward Hospital we offer a diagnostic and investigation service, with medical treatment for tuberculous disease, but cases requiring major chest surgery are referred to the Nova Scotia Sanatorium in Kentville.

During the year 188 patients were admitted to hospital, as compared with 217 in 1965 and 191 in 1964. Excluding patients admitted for investigation of non-tuberculous conditions, the figures are for 1966—160, for 1965—

176, and for 1964—149. Of this group of 160 patients, 5% were cases of primary infection, approximately 19% had minimal disease, 32% were moderately advanced, and 24% far advanced, and 6% had silico-tuberculosis. (cf Table 3).

Treatment given is largely medical. Bed rest plays a gradually diminishing role, with the greater emphasis placed upon anti-Tb chemotherapy, with Streptomycin, Isoniazid, and PAS still in the role of "first line drugs", and Cycloserine, Ethionamide, Viomycin, Isoxyl and Pyrazinamide used to a lesser extent (cf Table 13). Fourteen patients were transferred to the N. S. Sanatorium for surgical treatment.

Not all our problems were with tuberculosis. Table 3-B lists the principle diagnosis established in non-tuberculous patients. The list includes two cases of bronchogenic carcinoma, a granulomatous reaction of the bronchus due to inhalation of spruce needles, a pin-worm granulomatous salpingitis in a woman who had been admitted with a diagnosis of tuberculous salpingitis, and another woman admitted with a diagnosis of a tuberculous cervical lymphadenitis who proved to have merely an infected sebaceous cyst.

Unfortunately the presence of tuberculosis does not preclude non tuberculous complications. These are listed in Table 15, and include 5 malignancies (2 diagnosed pre-admission), 8 diabetics, 13 peptic ulcers, cardiovascular diseases, and so forth.

REHABILITATION SERVICE

Under the direction of the Rehabilitation Department some thirteen patients continued or resumed their studies while in hospital, and a large number engaged in various handicrafts—about fifty in leatherwork, twenty in plastic foam work, nine in sewing, and smaller numbers in weaving, copper work, woodwork, and so forth. The volume of work done is in part indicated by the fact that the cost of material and supplies used amounts to about $5,000 per year. Materials are sold at cost to the patients.

In addition to handicrafts and other pastimes, and the encouragement of academic studies while in hospital, the Rehabilitation Service works with the Provincial Coordinator of Rehabilitation and the Canadian Man-Power Service to help ex-patients obtain specific training in the Trades Schools and Vocational Schools, in the goal that patients whose disease is controlled should resume a normal place in society.

OUT-PATIENT CHEST CLINIC

Practically all patients are discharged to continue taking anti-tb chemotherapy at home, and all ex-Tb patients (whether on continued therapy or not) require careful follow-up examinations, at least every six months until the disease has been inactive for five years, and yearly thereafter for life.

Although the responsibility for the follow-up of tuberculosis out-patients rests with the Health Unit Directors, Point Edward Hospital has continued to operate an Out-Patient Chest Clinic, to offer diagnostic consultative service in difficult cases, and to provide routine follow-up of certain ex-patients, especially those receiving second-line anti-Tb drugs and so requiring extra supervision, those with somewhat unstable disease of dubious status where we wished to observe progress carefully ourselves, those who expressed a preference for attendance at this clinic, and those Veterans required by regulations to have their check-ups here.

NURSING AFFILIATION

During the year we continued to accept student nurses for a four week affiliate course in Tuberculosis Nursing. Eleven such classes were held during the year, and 133 students completed the course. They came to us from the six Schools of Nursing:

St. Martha Hospital, Antigonish
St.Elizabeth Hospital, North Sydney
Sydney City Hospital, Sydney
St. Rita Hospital, Sydney
Glace Bay General Hospital, Glace Bay
St. Joseph Hospital, Glace Bay

It is vitally important that these future nurses should have an adequate knowledge of this ubiquitous disease and a grounding in the principles of tuberculosis nursing. This is becoming increasingly important because of the frequency with which general hospital patients are found to be suffering also from infectious tuberculosis.

HOSPITAL STAFF

Our medical staff has remained stable, with two experienced staff physicians, Doctor T. Krzyski and Doctor D. M. Muir, along with the medical superintendent.

We have been fortunate also in having a remarkably stable nursing staff under the Direction of Miss K. MacKenzie, R.N. We are indebted particularly to our married nurses, without whom it would have been impossible to carry on, for they make up the majority of our staff. And we would repeat the word of thanks to those who have commuted to and from work and have reported faithfully whatever the weather or how bad the blizzard. An office may simply close its doors in a storm, but a hospital must keep operating, and to those who made it possible we express our gratitude.

And, of course, this word of thanks goes also to all other departments, business, technical, dietary, housekeeping, and maintenance, whose work may have less drama and be less eye-catching, but which is also essential to the proper functioning of the institution.

THANKS

A note of thanks should also go to those not on our staff who have contributed so much to the welfare and happiness of the patients. First should be mentioned the clergy of the various faiths, who visited so faithfully, and brought cheer and emotional and spiritual refreshment to the sick. Also high upon the list are those service organizations who have been our constant friends, who have presented entertainments, sponsored card parties, donated gifts to the patients or to the Patients' Welfare Fund, given books to the library, and so forth:

Branch No. 12 of the Royal Canadian Legion, for their annual Christmas party.
The Isle Royale Chapter of the I.O.D.E.
The Beinn Bhreagh Chapter of the I.O.D.E.
The Honourable Vincent Massey Chapter of the I.O.D.E.
The Royal Canadian Legion, and especially Branch No. 12, for their annual Christmas Party.
The I.O.D.E., the Beinn Bhreagh Chapter, the Isle Royale Chapter, the Louisbourg Chapter, and the Honourable Vincent Massey Chapter.
The MacKeigan Chapter of the Order of the Eastern Star.
Tommy Hunter and His Rhythm Pals, who entertained our patients when in Sydney to kick-off the United Appeal Campaign.
The Cape Breton West Kinsmen Club.

The Glace Bay Rotary Club.
The Catholic Women's League, through the Sacred Heart Council and the St. Anthony-Daniel division.
The Ladies' Guild of the St. Timothy Anglican Church in Glace Bay.
The United Church Women of Westmount.

With so many groups and organizations and so many individuals who have contributed to the happiness of the patients and staff and who have earned "special mention" it is impossible to give appropriate credit to all. Their thanks must be in the knowledge of the happiness they have brought, and a realization that by making a patient's stay in hospital more pleasant they have contributed to the ultimate eradication of tuberculosis in this land of ours.

OTHER DEPARTMENTS

To the staff of other government departments whose cooperation we have sought during the year, to other individuals within the Department of Public Health, and especially to Doctor J. E. Hiltz, Administrator of Tuberculosis Control Services, and to Doctor J. S. Robertson, Deputy Minister, and to the Honourable Minister of Public Health—to all whose cooperation and support have made possible the work of the year, we would express our gratitude.

D. S. ROBB, M.D.
Medical Superintendent

Table 1
STATISTICAL REPORT OF ADMISSIONS AND DISCHARGES

	1965	1966		
	Total	Male	Female	Total
Patients in Hospital at beginning of year	88	51	23	74
Total Admissions during the year	217	128	60	188
Total under care during the year	305	179	83	262
Total Discharges during the year	231	129	63	192
Patients in Hospital at end of year	74	50	20	70
Total Patient Days	31,435	19,078	10,068	29,146
Average Daily Census	86	52	28	80
Patient-Days of patients discharged or dead	36,221			35,393
Average Length of Hospital Stay	158			184

Table 2
ADMISSIONS DURING THE YEAR: SOURCE OF PATIENTS

	1965	1966		
	Total	Male	Female	Total
Tuberculous:				
First Admissions	80	31	21	52
Readmissions, to Resume Treatment	29	24	8	32
Transfers from other Tb Hospitals	15	11	3	14
Readmissions to continue Treatment	8	8	1	9
For Review and Assessment only	44	34	19	53
Total	176	108	52	160
Non-Tuberculous:				
Staff	1	1	1	2
Other, investigation	40	19	7	26
Total	41	20	8	28
Total Admissions	217	128	60	188

Table 3
ADMISSIONS: DIAGNOSIS OF PATIENTS ADMITTED DURING THE YEAR

	Male	Female	Total	%
A. TUBERCULOSIS				
Primary	5	3	8	5.
Minimal	19	11	30	18.7
Moderately Advanced	32	20	52	32.5
Far Advanced	28	10	38	23.8
Genito Urinary	13	5	18	11.3
Pleurisy with Effusion	1	2	3	1.9
Pulmonary Tb with Occupational Disease	10	....	10	6.2
Cervical Adenitis	.....	1	1	.6
	108	52	160	100.0%
B. NON-TUBERCULOUS				
Staff:				
Bronchopneumonia	1		1	
Sprain, Lt. Knee		1	1	
Other:				
Bronchiectasis	2	....	2	
Bronchitis and Emphysema	2	....	2	
Bronchopneumonia	3	2	5	
Bronchogenic Carcinoma	2	....	2	
Clotted Fibrothorax	1	....	1	
Chronic Pulmonary Interstitial Fibrosis	....	1	1	
Aspergillosis	1	....	1	
No Disease	1	....	1	
No Diagnosis	....	1	1	
Lt. Apical Lung Abscess	1	....	1	
Pericardial Cyst	....	1	1	
Infected Subaceous Cyst	....	1	1	
Cough of Undetermined Origin	1	....	1	
Sarcoidosis	2	....	2	
Congenital Intrathoracic Stomach	1	....	1	
Granulomatous Reaction of Bronchus	1	....	1	
Bilateral Granulomatous Salpingitis	....	1	1	
Anthracosilicosis + P.M.F.	1	....	1	
Total	20	8	28	
Total Admissions:	128	60	188	

Table 4

ADMISSIONS: AGE AND SEX OF PATIENTS ADMITTED

Age	TUBERCULOUS			NON-TUBERCULOUS			TOTAL		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0— 9	1	2	3	....	....	....	1	2	3
10—19	6	8	14	....	....	....	6	8	14
20—29	9	5	14	3	....	3	12	5	17
30—39	6	7	13	2	2	4	8	9	17
40—49	20	9	29	3	2	5	23	11	34
50—59	32	11	43	5	1	6	37	12	49
60—69	17	2	19	4	2	6	21	4	25
70—over	17	8	25	3	1	4	20	9	29
	108	52	160	20	8	28	128	60	188

Table 5

RESIDENCE OF PATIENTS ADMITTED

Cape Breton County	103	
Inverness County	35	
Richmond County	17	
Victoria County	16	
Cape Breton Island		171
Antigonish County	4	
Pictou County	1	
Digby County	1	
Guysborough County	1	
Halifax County	8	
Cumberland County	1	
Nova Scotia Mainland		16
Other Provinces of Canada	1	1
Total Admissions		188

Table 6

SPONSORSHIP OF HOSPITALIZED PATIENTS

	In Hosp. Jan 1/66	Admitted 1966	Discharged 1966	In Hosp. Dec. 31/66	Hosp. Days
Dept. National Health & Welfare					
(a) Immigration Medical Service	....	....	....	....	....
(b) Indian and Northern					
—Eskasoni Agency	7	23	19	11	3448
—Shubenacadie Agency	1	2	2	1	328
(c) Sick Mariners' Service	....	....	....	....	....
Dept. Veterans Affairs	2	4	6	....	603
N. S. Dept. Public Health	64	159	165	58	24,767
Total	74	188	192	70	29,146

Table 7

DISCHARGES DURING YEAR: CLASS OF PATIENT

	Male	Female	Total
TUBERCULOUS	111	54	165
NON-TUBERCULOUS			
Staff	1	1	2
Other	17	8	25
Total	129	63	192

Table 8

DISCHARGES: ADMISSION DIAGNOSIS OF DISCHARGED TBC PATIENTS

	Male	Female	Total	%
Primary	10	5	15	9.1
Minimal	21	8	29	17.6
Moderately Advanced	24	24	48	29.1
Far Advanced	35	9	44	26.7
Pleurisy with Effusion	....	2	2	1.2
Renal Tb	13	5	18	10.9
Silico-tuberculosis	8	....	8	4.8
Tb Inguinal Adenitis	....	1	1	.6
Total	111	54	165	100%

Table 9

DISCHARGES: CLINICAL CONDITION OF PATIENTS ON DISCHARGE

	Male	Female	Total	%
Pulmonary Tuberculosis:				
Inactive	22	12	34	20.6
Quiescent	39	22	61	37
Active Improved	28	11	39	23.6
Active Unimproved	3	....	3	1.8
Activity Undetermined	....	....	....	....
Death:				
From Tb or Complication	2	....	2	1.2
From unrelated Disease	4	3	7	4.2
Extra-pulmonary Tuberculosis				
Inactive	5	3	8	4.8
Quiescent	4	3	7	4.2
Active Improved	4	....	4	2.4
Active Unimproved	....	....	....	....
Dead	....	....	....	....
Total	111	54	165	100%
Non-Tuberculous:				
Recovered or Improved	10	7	17	63
Unimproved	6	1	7	25.9
Dead	1	....	1	3.7
No Disease	1	....	1	3.7
No Diagnosis	....	1	1	3.7
Total	18	9	27	100%

Table 10

TYPE OF DISCHARGE OF PATIENTS WITH TUBERCULOSIS

	Male	Female	Total	%
On Medical Advice	84	45	129	78.2
Transfer to N. S. Sanatorium	10	6	16	9.7
Transfer to other TB Hospitals	1	....	1	.6
Irregular Discharge:				
Against Medical Advice	8	....	8	4.8
Disciplinary	2	....	2	1.2
Died	6	3	9	5.5
Total	111	54	165	100%

Table 11

MARITAL STATUS OF DISCHARGED PATIENTS

	Male	Female	Total
Single	58	17	75
Married	65	29	94
Widowed	5	15	20
Separated	1	2	3
	129	63	192

Table 12

RELIGION OF DISCHARGED PATIENTS

	Male	Female	Total
Roman Catholic	90	47	137
Church of England	8	3	11
United Church of Canada	19	9	28
Baptist	3	1	4
Presbyterian	9	3	12
	129	63	192

Table 13

PATIENTS DISCHARGED—TUBERCULOSTATIC DRUGS USED WHILE IN HOSPITAL

Streptomycin	113
Isoniazid	143
PAS	109
Cycloserine	32
Ethionamide	13
Isoxyl	4
Viomycin	4
Pyrazinamide	1

Table 14
DISCHARGED TB PATIENTS: ASSOCIATED TUBERCULOUS COMPLICATIONS

Addison's Disease	1
Bronchiectasis	25
Cervical Adenitis	1
Endobronchial Tb	3
Empyema	1
Perirectal Abscess	1
Pulmonary Tb, primary, calcified	4
Pulmonary Tb, minimal, inactive	2
Pleurisy with Effusion	2
Retroperitoneal Adenitis	1
Spondylitis, inactive	1
Tbc Bladder	5
Tbc Kidney	3
Tbc of Ureter	1
Primary Tb, lower G.I. Tract	1

Table 15
DISCHARGED TB PATIENTS: ASSOCIATED NON-TBC CONDITIONS

Mental and Emotional:	
Alcoholism	4
Anxiety State	1
Depressive Psychosis	3
Hypochondriasis	1
Inadequate Personality	1
Psychoneurosis	1
Systemic:	
Drug allergy—Ampicillin	1
—A.S.A.	1
—Isoniazid	2
—P.A.S.	7
—Streptomycin	11
Drug Intolerance—P.A.S.	6
—SM	2
Food Allergy	1
Lues, laten	2
Measles	1
Mumps —Encephalitis	1
—Parotitis	1
Obesity	1
Bone and Joints:	
Amputation of leg	2
Bursitis	1
Congenital absence, clavicles	1
Contracture, Dupuytren's	2
Fracture, compound (Tibia)	1
simple	3
Disc Syndrome	1
Fibrositis, periarticular	1
Osteoarthritis, spine	3
Polyarthralgia	1
Rheumatoid Arthritis	2
Traumatic arthrodesis, shoulder	1
E.E.N.T.:	
Cataracts	2
Optic Atrophy	1
Deafness	2
Chronic otitis media	3
Chronic otitis externa	1
Chronic sinusitis	3
Chronic rhinitis	1
Respiratory System:	
Carcinoma, bronchogenic	2
Carcinoma, epiglottis	1
Bronchial Asthma	1
Bronchitis, chronic	12
Bronchospasm	1
Bronchiectasis	2
Bronchopleural fistula	3
Emphysema, obstructive	8
Empyema	2
Fibrothorax	2
Persistent pleural space	2
Pneumonia & Bronchopneumonia	14
Pneumoconiosis	12
Progressive Massive Fibrosis	1
Cardiovascular:	
Atherosclerosis, arteriosclerosis	
Generalized	5
Cerebral	5
Cerebral haemorrhage	1
Coronary	7
Myocardial infraction	2
Arteriosclerotic Heart Disease	6
Arteriosclerotic with hypertension	6
Essential hypertension	3
Angina Pectoris	2
Congestive Failure	2
Congenital Heart Disease	1
Rheumatic Heart Disease	1
Rheumatoid Carditis	1
Toxic myocarditis	2
Paroxysmal tachycardia	1
Bundle Branch Block	1
Mesenteric Thrombosis	1
Arterial Thrombosis, leg	1
Raynaud's Disease	1
Varicose Veins	2
Blood Coagulation Defect	1
Pernicious Anaemia	1
Gastrointestinal System:	
Carcinoma (pancreas?)	1
Cholecystitis	1
Cholelithiasis	1
Duodenal ulcer	1
Gastric ulcer	4
Peptic ulcer, unspecified	8
Gastritis, chronic	1
Diverticulosis	1
Haemorrhoids	1
Hernia, umbilical	1
Peritonitis, adhesive	1
Genito-urinary System:	
Carcinoma of the Kidney	1
Hydronephrosis	2
Pyelonephritis, chronic	1
Nephrolithiasis	1
" Staghorn calculus	1
Ureteral Stricture	1
Chronic cystitis	5
Prostatic hypertrophy, benign	2
Urethral Stricture	1
Renal Shutdown	1
Pregnancy, delivered	1
Undescended testicle	1
Hormonal System:	
Diabetes Mellitus	8
Menopausal syndrome	1
Nervous System:	
Meningismus, acute viral	1
Paraplegia	2
Peripheral neuritis	1
Poly-neuritis	1

Table 16

OUT-PATIENT SERVICES

	Patients	Visits
Chest Clinic— D.V.A. Out-Patients	128	178
— Other Out-Patients	78	206
Staff Clinic		
Sick Parade—student nurses	24	36
Other staff	74	218
Tuberculin Testing—Heaf Tests	36	
PPD	19	
Chest X-rays		636
Other X-rays		19
E. C. G.		6

Table 17

REPORT OF X-RAY DEPARTMENT

	Patients	Out Patients	Staff	Total Exams	T.M. Units	R.M. Units
Chest, single	518	373	634	1525	3050	3050
multiple	187	9	2	198	594	396
planigraphic series	119	7	1	127	635	635
Bronchogram, unilateral	18	....	....	18	72	72
bilateral	7	....	....	7	35	42
Abdomen	13	....	....	13	26	26
Gall Bladder	4	....	....	4	16	12
Pyelogram, I.V.	19	....	....	19	114	57
Retrograde	30	....	....	30	120	60
Bones and Joints:						
Ribs and shoulders	7	....	4	11	33	22
Skull, sinuses	9	1	....	10	30	30
Hips and Pelvis	13	2	1	16	32	32
Spinal column	25	5	3	33	132	99
Extremities	20	1	9	30	60	60
Total Exams	989	398	654	2041	4949	4593
T.M. Units	2789	837	1323			
R.M. Units	2456	823	1314			
Electrocardiograms	126	12	6	144		
B.M.R.	8	....	....	8	....	....
Pulmonary Function Tests	25	1	....	26	....	....

Table 18

LABORATORY REPORT: WORK PERFORMED

	Patients	Out-Patients	Total Exams	Unit Value	Total Units
URINALYSIS					
Routine	769	20	789	2	1578
Single Constituents	4	....	4	1	4
					1582
BIOCHEMISTRY					
Bilirubin (Direct + Total)	5	1	6	4	24
Glucose	309	12	321	2	642
Glucose Tolerance Test	8	....	8	10	80
Icterus Index	5	1	6	1	6
Cholesterol	1	....	1	5	5
Non-Protein Nitrogen	229	1	230	4	920
Urea Nitrogen	229	1	230	4	920
Alkaline Phosphatase	349	126	475	6	2850
Protein (Total + A/G)	28	....	28	6	168
Occult Blood	21	....	21	1	21
Thorn Test	1	....	1	1	1
Biochemistry collections	904	153	1057	1	1057
					6694

Table 18—Continued

LABORATORY REPORT: WORK PERFORMED

	Patients	Out-Patients	Total Exams	Unit Value	Total Units
HAEMATOLOGY					
Bleeding Time	2	....	2	1	2
Coagulation Time	13	....	13	2	26
Differential	627	409	1036	2	2072
Haematocrit	633	409	1042	1	1042
Haemoglobin	755	415	1170	1	1170
Prothrombin Time	32	1	33	2	66
Red Blood Count	19	....	19	1	19
Erythrocyte Sedimentation Rate	707	410	1117	1	1117
White Blood Count	911	412	1323	1	1323
Haematology collections	949	419	1368	1	1368
					8205
BACTERIOLOGY					
T. B. smears (sputa)	160	....	160	3	480
Miscellaneous smears	6	....	6	2	12
T.B. concentrations	520	....	520	4	2080
Ova and parasites	2	....	2	4	8
					2580
CEREBROSPINAL FLUID					
Cell count	12	....	12	1	12
Chlorides	12	....	12	3	36
Protein	12	....	12	2	24
Sugar	12	....	12	2	24
					96
TOTAL UNITS WORK PERFORMED					19157

Table 19

LABORATORY REPORT: WORK REFERRED TO OTHER LABORATORIES

	Patients	Out-Patients	Total Exams	Unit Value	Total Units
BACTERIOLOGY					
T.B. cultures	2260	....	2260	6	13560
Other cultures —urine	133	....	133	6	798
—sputum	91	....	91	6	546
—blood	1	....	1	6	6
—miscellaneous	54	....	54	6	324
Sensitivity	116	....	116	4	464
Fungi	12	....	12	7	84
Ova Concentration	6	....	6	4	24
					15806
BLOOD BANK					
Direct Match + Coombs	5	....	5	4	20
Group and Rh	1	....	1	2	2
					22
SEROLOGY					
VDRL	189	....	189	1	189
Wassermann	15	....	15	2	30
Paul Bunnell	1	....	1	3	3
					222
HISTOLOGY					
Autopsies	4	....	4	50	200
Surgical specimens	9	....	9	8	72
Malignant Cells (Cytology)	142	....	142	5	710
					982

Table 19 Continued

LABORATORY REPORT: WORK REFERRED TO OTHER LABORATORIES

	Patients	Out-Patients	Total Exams	Unit Value	Total Units
CEREBROSPINAL FLUID					
Cell count	1	....	1	1	1
Chloride	1	....	1	3	3
Protein	1	....	1	2	2
Sugar	1	....	1	2	2
					8
BIOCHEMISTRY					
CO2 Combining Power	4	....	4	4	16
Icterus Index	4	....	4	1	4
Bilirubin (Direct +total)	4	....	4	4	16
Phosphorus	11	....	11	4	44
Potassium	46	....	46	3	138
Protein Bound Iodine	6	....	6	10	60
Thyroxine	6	....	6	10	60
Cephalin Cholesterol Floce	14	....	14	2	28
Chloride	45	....	45	3	135
Cholesterol	9	....	9	5	45
Calcium	25	....	25	4	100
Pregnancy Test	1	....	1	2	2
Total Protein	1	....	1	3	3
Sodium	46	....	46	3	138
Thymol Turbidity	14	....	14	2	28
Uric Acid	2	....	2	3	6
Zinc Sulphate	1	....	1	2	2
Transaminase	8	....	8	5	40
S.L.D.	1	....	1	5	5
17-Ketosteroids	2	....	2	12	24
17-Hydroxycorticoids	2	....	2	12	24
					918
TOTAL UNITS WORK REFERRED TO OTHER LABORATORIES					17958

Table 20

REPORT OF OPERATING ROOM DEPARTMENT PROCEDURES:

By Our Consultants:

E.E.N.T. PROCEDURES (Dr. W. MacIsaac)

Bronchoscopy	31	
Laryngeal Examinations	6	
Ear Examinations	6	
Nasal Examinations	5	
Consultations	4	
	—	52

UROLOGICAL PROCEDURES (Dr. D. B. Archibald)

Cystoscopic Examinations	31	
Urethral Dilatation	4	
Other Consultations	9	
Spinal Anaesthesia	2	
	—	46

In addition three nephrectomies were performed in nearby general hospitals, on our Tbc patients by Doctor Archibald in his capacity as our urological consultant.

By Courtest Staff:

Surgical Debridement of Decubitus Ulcer	1
Dental Extractions	1

By Our Full-Time Medical Staff:

Scalene Node Biopsy	4
Excision of nail	1
Excision of sebaceous cyst	1
Suture of lacerations, etc.	10
Chest Aspirations	30
Other Aspirations	23
Local anaesthesia for bronchoscopy	31
for bronchography	25

In addition, most of the "Out-Patient Services" detailed in Table 16 were processed through the O.R. Department, as were many minor in-patient services which do not warrant detailed reporting.